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# HOMEMAKER SERVICE

**a method of child care**



**FEDERAL SECURITY AGENCY  
SOCIAL SECURITY ADMINISTRATION**

7292

**U. S. CHILDREN'S BUREAU  
PUBLICATION 296, 1946**

U. S. SUPERINTENDENT OF DOCUMENTS

NOV 22 1946

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United States  
Government Printing Office  
Washington 25, D. C.

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For sale by the Superintendent of Documents, U. S. Government Printing Office  
Washington 25, D. C. - Price 10 cents

# FOREWORD

This bulletin discusses basic procedures and fundamental principles in the organization of a program of homemaker service. Much of the material is based on discussions initiated by the Committee on Homemaker Service, composed primarily of representatives of private social agencies. This committee has given active leadership in the development of standards in this field. The Children's Bureau acknowledges with appreciation this assistance.

The bulletin was written by Maud Morlock of the Social Service Division of the Children's Bureau. Barbara Hewell, M. D., Medical Adviser, prepared the section on the supervision of homemakers who are caring for sick children.

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# Homemaker Service

## INTRODUCTION

This bulletin, *Homemaker Service—A Method of Child Care*, has been written in response to many requests for information about this service that have come to the Children's Bureau. Agencies that already have a homemaker program may wish to compare theirs with programs in other communities in regard to philosophy and procedure. The bulletin should also be helpful to social agencies that do not have such a program but would like to develop one.

The material is based on the experience of social agencies that have used homemaker service as one method of assistance to families. Many of the ideas expressed have been formulated by and are the outgrowth of group discussions held by representatives of private social agencies who are concerned with developing better standards of homemaker service and with an extension of the service.

This material therefore is intended primarily for the use of workers in family and child-placing agencies. Through their assistance and the assistance of councils of social agencies and State departments of public welfare, adaptations of the service may be made to meet local needs. Whatever adaptations are made, it will need to be kept in mind that women who are to give care to children when a mother is absent from the home can be selected and supervised only through such procedures as have long been a part of case-work and child-placement methods.

Good case-work practice demands the adaptation of skills and methods to the particular situation. An employed mother who is competent to manage her home but whose child has a minor illness will probably need a somewhat different service than the widower who needs a homemaker to supplement the responsibility he can carry for his home and children.

The Children's Bureau is concerned with any program that helps to maintain children in their own homes. Over 8 years ago (November 6, 1937) the Children's Bureau called a conference to consider the subject of "housekeeper service"—the term then in use. The meeting was attended by representatives of some of the national and local

agencies in the fields of social work, public-health nursing, home economics, vocational training, and employment of women workers. Its purpose was to consider the fundamental principles of organization and satisfactory standards of service and the various means by which the future development of the service might be guided along sound lines.

The definition of housekeeper service was limited to mean the service of women employed by a social agency as homemakers or mother substitutes, as housekeeping aides in homes of needy persons—such as temporarily or chronically ill or old persons—or as visiting housekeepers combining practical services with the teaching of home management. The term “homemaker service” was later accepted as more nearly describing the service given by social agencies and the degree of responsibility assumed by the homemakers than the earlier term “visiting housekeeper.”

The Children's Bureau has continued its active interest in this subject and has issued material from time to time and provided consultation service to a limited extent when social agencies requested it.

## **Development of Homemaker Service**

Homemaker service was developed in the early 1920's as one way to preserve family life for children in homes where the death of the mother or her absence because of illness had disrupted the normal life of the family and created serious problems in the care of the children. After careful consideration of all aspects of the problem presented in such instances, competent women, carefully selected and supervised by social agencies, are placed in the home to manage the household and care for the children. Homemaker service is frequently offered as an alternative plan to the placement of children in foster care.

The advantages of such a plan are apparent. It preserves the responsibility of the father in the direct care of the children; it maintains the home to the advantage of both father and children; and it requires far less adjustment on the part of all concerned than a plan which temporarily or permanently calls for the breaking up of the home and the separation of the family.

Up to the present time homemaker service has been available for the most part to families living in urban areas who are known to social agencies. Its usefulness, therefore, has been restricted to families of marginal or low income, although adaptable to families of any economic level. Some homemakers have been placed in homes where the mother was convalescing or for some other reason was unable

to perform her usual household duties. For the most part, however, homemakers in the past have been used where the father was the only parent in the home.

## **Increased Importance of Homemaker Service**

The value of homemaker service to the family that needs it is great. A sudden illness of the mother or the necessity for hospitalization creates a serious problem that has a direct bearing on the father's ability to carry on his work. If there are no relatives or friends who can manage the household and care for the children during this emergency, the only alternative may be breaking up of the home. For the children this may mean separation from parents, disruption of their normal way of living, change of school, and many adjustments to the new home. The underlying emphasis of homemaker service is on the preservation of family unity and the maintenance of the home for the benefit of both the parents and the children. The service, where it is available, is contributing materially to the morale of both parents who are facing such an emergency and to the security of their children.

There is no doubt that for many employed women with young children homemaker service would be the best solution of their problems. Such a plan would provide the maximum of assistance to the mother and the least strain on the children. The mother who accepts employment in most instances has far more household responsibilities than are usually assumed by the father. In addition to doing her day's work at her place of employment, she has numerous tasks that must be done for herself, her children, and the household. She not only has to arise early to prepare the children for the day but often must work late at night perhaps doing the washing, cleaning, and mending. She must buy the food and cook it. In addition she must be fresh in spirit to give her children the companionship and affection they need. To the children also, the employment of the mother may bring hardship unless some satisfactory arrangement is made for their care. In many instances they must get up far earlier than they would normally, and after a hurried breakfast the younger children must be taken to the place where they are cared for during the day. Older children may leave at the same time as the mother, or they may remain in the home until time to leave for school—a plan that for some children may involve much danger. Children young in years may be expected to do the marketing and cooking, and in addition to take responsibility for younger brothers and sisters.

Homemakers placed and supervised by social agencies have for many years been quietly and efficiently caring for children in their own

homes and performing the household tasks ordinarily done by the mother. Unfortunately such a service would not be available at present to all children needing such care because funds have been insufficient to develop the program to this extent and also because the number of homemakers available to social agencies is limited. However, many older women whose children are grown, who are lonely but who have never worked outside their own homes and who are physically unable to stand the strain of factory employment, are welcoming the opportunity to become homemakers.

As it is not feasible to place a homemaker in every family where there are young children and the mother is employed, it becomes important to determine where homemakers can make their greatest contribution in the care of such children. This should be determined in each community according to the need for the care of children and the available facilities. In general, it would seem practicable to use homemakers in the following situations:

To care for children when a mother is ill or when the woman who provides foster day care to children is ill;

To care for a sick child in his own home;

To care for children who have special handicaps or special problems that make group care inadvisable;

To care for a large family of young children when for one reason or another it seems the best plan for the mother to work;

To care for children temporarily to enable the mother to obtain vocational training or to look for employment. This service would be particularly helpful to the mother who thought that with a few weeks' assistance she could make her own plans and be financially independent.

## BASIC PHILOSOPHY AND PROCEDURES<sup>1</sup>

It is self-evident that young children are injured by needless separation from their homes. The primary purpose of a homemaker service is to prevent temporary removals of children and to maintain the

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<sup>1</sup> See *Homemaker Service: Meeting crises in family life with a new horizon in child care*, by Madeleine Van Hall Manginelli. (Child Welfare League of America, 130 East Twenty-second St., New York, 1941.) This pamphlet discusses essential philosophies of homemaker service; values of the service in various types of situations; preparation of families for the service; and selection, training, and supervision of homemakers.

family group with as little change as possible during emergency periods when the mother is unable to carry normal responsibility for the home.

## **Who Provides the Service?**

Homemaker service in the past has been provided largely by private social agencies whose function is case-work service to adults and children; that is, family-welfare or child-placement agencies. A few tax-supported agencies have employed homemakers to a limited extent. The service, therefore, has been available largely to families already known to social agencies or to families whose problems are such that they are willing to accept the supervision of the agency. For the most part, homemaker service has been the responsibility of one agency in the community, which provides for centralization of the service.

## **Organization of Homemaker Program**

The type of organization of the homemaker program within the agency depends largely upon the size of the service. An agency employing many homemakers usually has a homemaker department with a person in charge who supervises the staff assigned to this work and who administers the work of the department, including the selection, placement, training, and supervision of homemakers. In the majority of the agencies that are responsible for a homemaker program the person in charge of the program is a social worker who in some instances has also had home-economics training. When the person in charge of the training program has not had training in home management she should have regular consultation from a home economist in order that the homemakers may receive training and supervision in the management of a home. In most communities it is possible to secure the services of a home economist, at least on a consultative basis. In the smaller agencies employing only a few homemakers, the responsibility for the service is divided among the members of the staff.

It is important that the social agency undertaking to provide homemaker service shall have the following minimum qualifications:

Standards of case work that are in keeping with the best current practice.

An individual approach to each family, with appreciation of the differences and values inherent in that particular family.



A staff professionally trained in the knowledge and understanding of normal growth and development of children as well as in deviations of behavior and in the values of family life for both children and adults.

In addition the homemaker services of the agency that has assumed responsibility for developing a homemaker program should be available to and accepted by other social workers and other agencies in the community. The agency should be recognized for its policies of fairness, objectivity, and willingness to work cooperatively with others in a community program. Homemaker service should be undertaken as only one part of the program of an agency that is willing to develop the service to the extent that it is needed or can be financed.

### **Why Case-Work Service Is Essential in a Homemaker Program**

Illness or death of a mother disrupts the normal life of a family and creates serious problems in the care of children. The need for someone to care for the children may come as an emergency or it may follow a long period of confusion and anxiety for all members of the family. In either case the father who has suddenly to assume full responsibility for the management of the household and the care of the children, in addition to carrying on his usual employment, is facing an overwhelming task. In his anxiety and his need for immediate aid, he usually needs help in planning for himself and his family and in directing the management of the household. Case-work service is needed to help him to make the best plan for the care of the children and to place it in operation. If it is decided that homemaker service is the best solution to the problem, the continued assistance of the case worker is needed for the guidance of the homemaker and for such help as the family may need.

Social agencies have learned through experience that families needing a homemaker frequently have many problems of long standing that they have not been able to solve for themselves. These problems may seriously interfere with the effective use of a homemaker. The case worker may help the less well-adjusted members of the family to better adjustments in their own lives, to more satisfactory family relationships, and to better management of their affairs.

The case worker needs to be alert to the total family situation, and insofar as the family is willing, she must be able to work with parents and children of all ages. She will also assist the family to make the best use of the homemaker's service, and she will assist the homemakers to meet as adequately as is possible the needs of all members of the family.

The question has been raised as to how case-work service in situations involving homemakers differs from case work under other conditions. This is a difficult question to answer, since there is no one method of practice. There are certain general characteristics, however, which can be pointed out.

One of the basic principles of case-work service is that wherever it is used it should be adapted in type and quantity to the needs of the individuals and situations involved. This is as true in homemaker service as in any other form of service offered by case-work agencies. There are, however, certain distinguishing characteristics of the case-work service provided families employing homemakers.

The case worker giving supervision in families where homemakers are employed must be cognizant of the everyday realities of the home to an extent beyond that of the ordinary case-work situation. She needs to know more about the housekeeping facilities in the home, whether there is sufficient household equipment, clothing, food, and so forth, to maintain a reasonable degree of comfort for the family. She will not minimize this aspect of the service.

The case worker must always work with at least two adults—the parent, or occasionally an older child in the position of parental authority, and the homemaker. She must not forget that the parent, not the homemaker, is the head of the family. She needs to have knowledge and skill in working with children. She must recognize normal child growth and development and at the same time be alert to the needs of the child who is having difficulty. She must individualize the children and at the same time be cognizant of the family as an entity—of the value of family life for both children and adults.

The skills employed by the case worker in homemaker service are frequently compared to those in child placing. The worker who supervises the homemaker will in all probability need to visit more frequently, particularly in the beginning of the placement, than is the usual practice when a child is placed in foster care. As the representative of the agency, she is in a sense in the employer role and therefore has certain responsibilities of administration. In addition to her case-work responsibility to the family, she may have responsibility for the organization of the homemaker service within the agency. If she does, she will have duties which involve selection, placement, and training of homemakers, as well as leadership for the program and work with staff members, representatives of other agencies and committees, and the public. Because of the multiplicity of duties, the number of families assigned to a case worker should be small in comparison with the number of families assigned where the service is not specialized.

## **Conditions Necessary for Homemaker Service To Be Effective**

Homemaker service is one way to keep homes intact, particularly where there are a number of small children. Certain important conditions should be present, however, if homemaker service is to be effective.

Some of these conditions are:

1. The parent and older children must want to remain together and must be willing to accept the services of the homemaker as a means of maintaining family solidarity. All members of the family should participate in making the plan for such service.

2. The family choosing homemaker service as the plan best suited to meet their needs should have a clear understanding and acceptance of what the service involves and of the responsibilities that will be shared by the family, the homemaker, and the agency making the placement. They will want to know how the agency selects the homemaker, the kind of supervision she receives, the help given the family in making the best use of the service, and the stress placed upon the homemaker's function of carrying on the responsibilities of the mother without displacing her. Such knowledge should serve to bring about a better realization of the fact that the homemaker's duties in the home and the quality of service she is prepared to give are more than those ordinarily assumed by a person giving the usual domestic service.

3. The social agency should know whether the family has considered sufficiently its own resources for meeting its problems through the assistance of relatives or friends rather than through the services of a homemaker.

4. If a homemaker is to be placed by the agency, there should be a definite agreement with regard to the amount of financial responsibility to be assumed by the family. The case worker should discuss the family budget with the parent. Although it is wise for the family to contribute as much as possible toward the salary of the homemaker, they should not contribute so much that they cannot maintain a satisfactory standard of living.

5. Clear-cut agreements should be arrived at as early as is possible with regard to the responsibilities that are to be divided between the parent and the homemaker, such as the purchasing



of food and the care and training of the children, including plans for their care when the homemaker has her leisure time away from the home.

6. If the father is the sole parent in the home, he will need to assume many responsibilities which would normally be assumed by the mother, since he must plan with the homemaker details with regard to the maintenance of the home and the welfare of the children. His participation in planning should never be forgotten by either the homemaker or the case worker.

7. Provision should be made for at least minimum household equipment, so that the homemaker has the facilities for effective service. This is a necessary consideration, since many of the homes are those with a marginal income. This is particularly important when the homemaker is to care for the family over a long period. Adequate clothing and food should be provided to whatever extent is necessary to supplement the family's budget.

8. A social agency can place homemakers effectively only when its placements are based on an understanding of the needs of the individual family. It is helpful to know the cultural background, interests, routine, and living habits of the family, the responsibilities normally carried by the parent, and particularly any special problems of the children. The case-work agency would be more likely to have such information if the family has been known to it for a considerable period. However, it may be necessary to make a placement on information received through a few preliminary interviews or upon the recommendation of another social agency.

Social agencies are frequently willing to place homemakers in families whose need is apparent even though the physical conditions in the home and the attitudes of the family are known to be far from ideal. To a limited extent homemakers have been placed by some agencies at the request of the juvenile court in homes where children are neglected. These placements are often very difficult for homemakers because the parents may not accept the need for the service. Equally difficult are the situations in which the mother remains in the home but is mentally incompetent to manage her household. Another situation which may be very unsatisfactory or very difficult for homemakers is the home in which there is no parent to assume responsibility, but older, unmarried, employed children wish to maintain the home for younger brothers and sisters. Problems are likely to arise if the brothers and sisters are not well adjusted themselves.

## Types of Homemaker Service

Representatives of social agencies providing homemaker service have agreed on four classifications to describe the type of service usually supplied when the mother has died or is ill. A fifth classification has been added to include the type of service provided when a mother is employed away from the home. The classifications are defined in terms of the degree of responsibility that must be assumed by the homemaker.<sup>2</sup>

The types of homemaker service that have been provided to date are:

1. **Inclusive care** is service given to a family during the long-time or permanent absence of the mother from the home. The homemaker in such a situation has responsibility not only for the maintenance of the home but for understanding the children and aiding their development. In inclusive care a homemaker is needed who can relate herself closely to the family, as the emotional relationship between the homemaker and the family is of great importance. It is necessary, however, to guard against any encroachment on the father-child relationship. The role of the homemaker will depend, of course, upon the situation. Some families will come to think of the homemaker as a helpful relative, and she may be called, particularly by the children, "aunt" or "granny." While it is particularly important for younger children to have as homemaker the type of person who can give them a feeling of security, there is equal need for the acceptance of the homemaker by older children who, unless a sound relationship is established, may resent her presence.
2. **Interim care** is homemaker service given to a family during the temporary absence of the mother. The emphasis of the agency is on the maintenance and strengthening of the established manner of living in the home rather than on introducing changes which might be desirable for the development of the children if the arrangements were to be permanent. Essential aspects of interim care are: Good physical care of the children, adequate planning of the budget so that proper foods are provided, and the furthering of sound routines and habits for the children.
3. **Exploratory care** is service offered in a motherless home during a period in which the family and the social agency are deciding upon the most suitable plan for the family. The basic element of this form of care is the skillful case-work service given by the

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<sup>2</sup> Case illustrations of the five types of homemaker service are included in the appendix (p. 27).

agency. The role of the homemaker is an important one, since in addition to the skills needed for effective work in maintaining a home during this interim period, she needs to contribute to the case worker's understanding of the needs of the children through sound observation of individual differences and characteristics, habit patterns, play activities, sibling relationships, parent-child relationship.

4. **Supplementary care** may be utilized when the mother or some other responsible adult is in the home and is responsible for the household but is not able to do the physical work. There are situations in which supplementary workers are needed on an emergency basis. Although some families may themselves find such workers if given financial assistance, others may need the services of the agency because they do not know how to find a worker or do not know how to direct another person's activities in the home. Essential in the homemaker who gives this kind of service is the ability to work under direct supervision of the mother or other adult in the home. The homemaker should have the physical strength to do what the mother is not physically able to do. Adequate knowledge of cooking, cleaning, and laundering is important. In this type of service the agency role, though minor, is nevertheless present.
5. **Auxiliary care** is service given to the family during the hours of employment of the mother. In such a situation the primary responsibility for the maintenance of the home and the care of the children remains with the mother. The homemaker works under her direction, with such guidance from the social agency as is required by the mother or the homemaker.

## SELECTION, PLACEMENT, AND SUPERVISION OF HOMEMAKERS

The success of a homemaker program lies both in the quality of the case-work service and in the quality of the homemakers employed by an agency. Well-qualified people who can do this work successfully are hard to find. Many women who formerly would have been attracted to homemaker service are now going into industry or are taking the positions formerly occupied by other women who are now in industry. Wages in other types of private employment are often higher than the wages paid homemakers by social agencies. To attract

the high type of woman needed for this work the agency must offer good working conditions and satisfactory wages. Some agencies hire the homemaker on an annual basis. Some guarantee the number of weeks to be worked in a year. Some offer sick leave, vacations with pay, and time and a half for overtime.

Many women who are employed as homemakers find great satisfaction in their work. They know that they are performing a real service to children, that they make it possible for mothers who are ill or who must be out of the home to be free from worry over the safety and comfort of the children. They also enjoy working with a social agency where there is an opportunity for sharing responsibility and for acquiring new knowledge and skills. Many homemakers whose children no longer need their care find in this work a new interest in life.

## **Finding Homemakers**

The skills used by social agencies in finding prospective homemakers are similar to those used by child-placing agencies in finding foster parents. The procedures vary with the community and with the stage of development of the homemaker program. The following procedures, used with imagination and ingenuity, have been found helpful by some agencies:

1. Interviews with key people in the community who are in a position to explain homemaker service to others and who can suggest women who might be interested in accepting work as homemakers may prove fruitful.
2. Well-written illustrated articles in local newspapers or special periodicals are helpful in familiarizing people with the service and may also interest women in this kind of work.
3. Advertisements which may or may not reveal the social-agency source are sometimes placed in newspapers. The difficulty in this form of recruiting, at least in normal times, is that the response may require a great deal of sifting, since many people unsuitable for the service may apply.
4. Employment offices and places offering certain types of vocational training are sometimes able to refer applicants who are qualified to serve as homemakers.
5. People responsible for courses on such subjects as the training of nurses' aides, first aid, home care of the sick, and the like, may be

able to suggest individuals who would be interested in becoming homemakers, thus utilizing the knowledge and skills they have acquired.

6. The family needing homemaker service may sometimes suggest a friend as a prospective homemaker who is willing to accept the usual agency procedure. A person may make direct application to become a homemaker because of interest aroused through knowing a family receiving such service.
7. Clients or former clients of social agencies are sometimes placed as homemakers. While there is nothing inherent in the fact that they are or have been clients to disbar them from this service, certain dangers have arisen in the use of clients. One danger is that the agency may accept such a procedure too easily, without attempting to obtain homemakers in any other way. The agency may see in this plan a way to solve the client's need and fail to put sufficient emphasis on the qualifications for the service. Certain psychological dangers also are involved when a client is placed as a homemaker in that there may be too little objectivity on problems, too close identification with the family, or too great an absorption in unsolved personal problems.
8. Agencies have found that one of the best methods of obtaining homemakers after the program is well under way is through the homemakers' recommendation of the work to their friends.
9. Every agency should keep a file of former homemakers and should canvass these women periodically to find any who would like to return to work.

## **Selection of Homemakers**

The procedures used by case workers to determine the fitness of a woman for homemaker service are for the most part similar to those used in selecting foster parents. The prospective homemaker submits certain factual data about herself in an application. The agency consults the social-service exchange and other social agencies which may have pertinent information on the prospective homemaker or members of her family. References that are wisely selected and carefully followed up are useful.

Interviews with the prospective homemaker are of first importance, and ample time should be allowed for them. Their purpose is twofold: (1) To give the applicant an opportunity to decide whether she wishes to do the work after she knows more about it, and (2) to give



the agency an opportunity to know the potentialities of the prospective homemaker and to decide whether the agency wishes to go further with her application. Both may decide very quickly that homemaker service is not desirable for this applicant. The prospective homemaker should be encouraged to discuss freely how she heard about the work, why it appeals to her, and what she wants to do. While she is becoming acquainted with the agency and the details of the program and making up her mind whether she wishes to continue with her application, the case worker is having the opportunity to know the prospective homemaker. It is important to the case worker to know much of the applicant's background: Education, previous work experience, religion, interests, cultural opportunities. Even more important than these are her attitudes toward and relationships with people—her relationship to her own parents, her siblings, and, if she is married, her husband, and children. Significant also are her own personal experiences and the attitudes that have resulted, her experience with children of all ages, and her attitude toward various forms of behavior, as well as her suggestions for meeting specific behavior problems. Understanding of the applicant and evaluation of her potentialities for service to families and to the agency can be attained only through a series of interviews. In addition, many case workers prefer to call on the homemaker in her own home before a final decision is made.

As a protection to both the homemaker and the family in which she will be placed, most social agencies require that the homemaker have a physical examination before starting work. Some agencies arrange for the applicant to go either to a clinic or to her own physician. In such cases a medical blank is filled out by the physician and returned to the agency, or a staff member of the agency may interview the physician. Other agencies send the applicant to a physician who has been selected to make all examinations. A number of agencies provide also for a further examination by a physician at yearly intervals or more often. It is generally agreed that homemakers should have initial physical examinations and regular follow-up examinations.

The case worker responsible for selecting the homemaker is of necessity weighing and analyzing the strengths and weaknesses of the prospective homemaker at each step in the procedure. An evaluation of the potentialities of the homemaker at stated intervals after she has given service is helpful also.

## **Qualifications of Homemakers**

The program of homemaker service is dependent for its effectiveness upon the quality of the homemakers. Social agencies have found

that women of widely varying training and experience may give satisfactory service. In cities having a large foreign population, it is helpful to have available women of different religions and nationalities so that one can be selected who can speak the native language of the family in need of homemaker service and is familiar with its cultural patterns and food habits. Both Negro and white homemakers can be placed to advantage in many communities.

For the most part social agencies consider the welfare of the children their primary responsibility in the homemaker program. The homemaker must, therefore, be a person with a variety of skills and abilities. She must know how to manage a household and to provide nourishing food on a limited budget with minimum equipment. Personality qualifications are of vital importance, since the homemaker must work in many families under a variety of circumstances. She must be an adjustable person, able to go easily from one home to another and to fit her service to the needs of a particular family. She must be sensitive to home situations and secure in her relationship to the social agency to the extent that she will recognize and feel free to assume the degree of responsibility that she should carry in any home. This may involve complete responsibility for the home and children in one placement and a lesser degree of responsibility in her next placement. Even in the same home, her responsibility may vary during the period she is there, according to whether the mother is absent from the home or has returned and is gradually assuming her regular duties to her family. The homemaker needs to know when changes can be made in the routine of the home which will be acceptable to the parent and children and not too disturbing to the mother if she is to return to the home.

More important than any other qualification is the homemaker's ability to work with people. She must know how to accept the behavior of both adults and children. In one family it may be necessary for her to care for an infant, other young children, and a difficult adolescent, and give service perhaps to a rather dependent father. She must see the needs of each member of the family with objectivity and in perspective and at the same time keep in mind the needs of the entire family.

The homemaker must also be able to work with the case worker. She must recognize her own function as distinguished from that of the case worker and be willing to accept the case worker's supervision. She must be able to share her experiences in the home with the case worker for the purpose of providing more effective service to the family.

One of the questions most frequently discussed is what should be the age of the homemaker. It was formerly suggested that home-

makers should be "older women," but no attempt was made to define the term, nor to decide whether it should be defined relative to the parents or the case worker. It was thought that the older woman would be more acceptable to the entire family, who would be more likely to think of her as an older relative, and that she would be less open to the criticism of the community, more likely to stimulate responsible behavior in the members of the family, and able to give greater security to the children. It was believed also that these older women, as they, for the most part, had experienced the emotional satisfaction of rearing their own families, would be less demanding of affection from the children in the families in which they were placed. The fact that they might have their own homes and a small income and, therefore, not be entirely dependent on their earnings and that they would appreciate more flexible working hours were additional considerations.

The question of age was discussed recently at a meeting of representatives of social agencies from various parts of the country. It was agreed that no final statement on the subject could be made at this time, as experimentation in the use of younger women has not been sufficient to afford a basis for comparison. That the women employed as homemakers up to the present have been, for the most part, older women may be the result of supply and demand. It was agreed that desirable ages for homemakers might range from 30 to 60 years and also that maturity and richness of experience are not necessarily measured by chronological age.

There is much to be said for the selection of the homemaker who is in the younger group, provided she has the other necessary qualifications. If she does not marry, she is more likely than an older woman to view her occupation as a vocation and to be available for longer years of service. She has the physical vigor to perform the arduous tasks that are required and to stand whatever strain is involved in the constant association with young children. She may be more adjustable than an older woman and more eager for new ideas and better methods.

While there may be general agreement among social agencies on the value of further experimentation in the employment of younger women, the practice will be determined largely by the supply of available women. In all probability it will be necessary to put effort into the recruiting of homemakers and, for the most part, they will come from the group of women who are not trained for industrial work.

Although it is important to keep clearly in mind the desirable qualifications for a homemaker, it should be remembered at the same time that in a large agency providing a varied program of homemaker service, not all women need to possess the same qualifications. One



woman may be particularly skillful in handling young children, but not so successful with adolescents. Women with different qualifications can be used, provided the agency is discriminating in its placements.

## **Placement of Homemakers**

The crux of effective homemaker service is the placement of a homemaker suitable for an individual family, since not all homemakers can work equally well with all types of families and not all families will want or like the same type of homemaker. Careful placement presupposes that the social agency will know the homemaker and the family receiving the service. This is possible when a careful study has been made and when the homemaker has been in the employ of the agency for some time, and also when the family has been previously known to the agency or when the referring agency has provided adequate information about the family. Frequently, however, it is necessary to place a homemaker in a family about which the agency has only a minimum amount of information. Such situations arise when a mother is in need of an emergency operation, particularly if the referral is from a hospital or clinic, or when the child of an employed mother becomes ill.

It is advantageous for the family and the homemaker to meet before the placement and also for both to feel free to request that other arrangements be made. When a homemaker is needed because of the illness of the mother some agencies, when possible, place the homemaker with the family several days before the mother leaves for the hospital. This plan not only offers reassurance to the mother but enables the homemaker to obtain many suggestions from the mother on the management of the home, the division of responsibility between the homemaker and the father, and the care of the children. It also gives the children the opportunity to become acquainted with the homemaker and to share in the planning while still under the care of the mother. In introducing the homemaker to the family it is also helpful to discuss with the parents and children the name which the children will use for the homemaker.

## **Supervision and Training**

For the most part, supervision in homemaker service needs to be more intensive than supervision in many other types of assistance

to families. This is particularly true in places where women with the qualifications desired for homemakers are not easy to find. It is important that they have an opportunity to develop their potentialities for effective service through supervision and training. The responsibility of the case worker for the homemaker's usefulness has only begun at the time of the first placement. Interviews with the homemaker either in the office of the social agency or in the home in which she is working should be as frequent as is necessary in consideration of the length of the homemaker's service, her need for assistance, and the difficulties involved in the particular situation. Some agencies find it advantageous to make several visits a week when a new placement is made, particularly if the homemaker is new to the service.

Supervision is an educational process. The case worker, because of her professional background, has much to contribute to the homemaker as an aid to her acceptance and understanding of the family and her ability to work with them. The homemaker, on the other hand, because of her close association with the family, should be of great assistance to the case worker.

Supervision of homemakers is provided in several ways, depending somewhat upon the size of the agency and the number of homemakers employed. Supervision of the homemaker may be the entire responsibility of the person in charge of the program, who will then work closely with the case worker responsible for the service to the family. Both may make visits to the home, or one may confine her conferences to office interviews. In other agencies the person in charge of the program may see the homemaker between placements only, and the actual supervision is the responsibility of a case worker who may have a specialized group of cases requiring homemaker service or who may work with only an occasional homemaker. If the number of homemakers is large enough, some agencies prefer that supervision be given by case workers specializing in that type of assistance. It is felt that such a plan is more likely to provide better service to families, to give continuity to the homemaker's employment, to give her a greater sense of security, and to afford more opportunity for her continuing development.

All social agencies look upon the interviews between the case worker and the homemaker as one of the most effective elements of a training program for homemakers. In addition, many agencies see the need for carefully planned group meetings. Problems which the case worker knows are being encountered by the homemakers can be presented and discussed impersonally and objectively by the whole group. The individual homemaker gains some perspective in realizing that she is not alone in meeting such difficulties, gains some understanding of behavior, and learns more effective methods of performing

her duties. She also gains satisfaction from the fact that her work includes knowledge and skills which can contribute to her own growth and earning capacity.

The training material presented at group meetings should be based largely on the needs of the homemakers as revealed in their service to families and adapted to the experience of the group. Discussion for the most part should be developed to give the homemaker a better idea of the service of the agency and her part in that service as distinguished from that of the case worker, to provide material on acceptance and understanding of behavior, habit training of children, and play activities. The material should be presented in simple, nontechnical terms with the objective of helping the homemaker to deal with children more effectively and to cope intelligently with problems as they arise. Opportunity can sometimes be given homemakers for a brief period of observation at a nursery school or day nursery and for later discussion of this experience. In addition, material can be given on homemaking, such as the purchase, preparation, and serving of food.

Group discussions are held each year by some agencies, a group meeting weekly or several times a month. Although a training period before placement has many advantages, such a plan has not seemed feasible because of the small number of homemakers entering employment at one time. One agency employing a large number of homemakers has found that homemakers are much more receptive to training after they have encountered difficulties on the job and have had at least 6 months' experience on fairly simple assignments.

Several agencies have successfully conducted a 1-week daytime institute for a small group of homemakers with the content of training similar to that previously outlined. One agency has a demonstration center where the women can participate in planning, preparing, and serving meals. A supplementary advanced course is available to the homemaker later. The case worker has prepared script of actual interviews illustrating typical situations. Recordings have been made and are played as a basis for group discussion. These records show how the homemaker introduces herself to the family, how she handles a quarrel between the children. An interview between the homemaker and the case worker is presented showing how each shares in planning for the welfare of the family.

A few agencies have left the responsibility for planning the programs of meetings to the homemakers themselves. The danger in such procedure is that the material may lack continuity and center too largely around the experiences of the most vocal members of the group.

Other agencies have encouraged their homemakers to attend classes given in the community on home nursing, first aid, and household management. One agency watches the newspapers for worthwhile

lectures on child care and provides the homemakers with tickets, if they wish to attend. Some agencies recommend books and articles to the homemaker and discuss them with her after she has read them. Some child-placing agencies which employ only a few homemakers include them in meetings that are held for foster mothers.

Training courses usually are planned and given by the person in charge of the homemaker program or by a member of the case-work staff. Specialists are called upon to participate as needed. One agency with considerable experience in planning training courses believes it is less satisfactory to use specialists than to give the supervisor of homemaker service responsibility for the discussion, as this latter plan is likely to provide for more continuity in content and the material is more likely to be adapted to the needs of the homemakers.

All agencies have met with some difficulty in finding a suitable time for classes. The advantage of those held in the daytime is that the homemaker is less tired and, therefore, more interested and ready to learn. Provision, however, must be made to have someone give substitute care for the children. This may be arranged through a relative or a friend, or it may be necessary for the agency to provide a substitute homemaker for a few hours. Because of these difficulties, some agencies arrange for evening meetings, perhaps paying extra for this overtime work. Attendance of the homemakers at group meetings has been optional in some agencies and required or taken for granted in others.

## **Supervision of Homemakers Who Are Caring for Sick Children**

The employed mother whose child is sick and cannot go to school, or to the center where he is customarily cared for, often has no alternative but to remain at home to care for him. If a workable plan under proper supervision can be developed in a community, there is every reason to believe that children with certain minor illnesses can be satisfactorily cared for as part of the community child-care program. This would permit a mother to continue her work without loss of time, except in case of serious illness or illness that requires quarantine.

Consideration has been given to the use of homemaker service, foster day care, and infirmaries for the care of children with minor illnesses. Homemaker service is particularly suitable for the care of these children in that the sick child can remain at home under the care of a person who is accustomed to carrying on household routines and supervising children in their own homes. The danger of spreading



infection is lessened, and the child avoids the exposure and fatigue connected with being taken to some other place to be cared for.

A community plan for adapting homemaker service to the care of children with minor illnesses should have the approval of the local health department and should be worked out in detail by the social agency or group developing the plan and the local health department. The day-care committee, supervisors of child-care centers and day nurseries, and other groups directly concerned with services for children should also take part. In working out the plan, certain important matters will require early consideration. Among these are:

**Type of illness for which homemaker service might be provided.**—Homemaker service may be used in cases of mild illness requiring simple care and treatment, such as uncomplicated respiratory infections; some skin conditions (such as impetigo, scabies, pediculosis); uncomplicated communicable diseases (such as measles, mumps, chickenpox, whooping cough); and during convalescence after more serious illness. It would not be used in cases of serious or long-continued illness requiring professional nursing service.

**Requirements as to medical supervision.**—The agency that is responsible for providing homemaker service in cases of mild illness will want to establish a clear policy with regard to who shall decide whether the illness is a minor one and as to when the service should start. The agency may require that a physician or a public-health nurse see the child before homemaker service is provided and that homemaker service be provided upon the physician's or public-health nurse's recommendation. Many of the ill children will be seen by the school or nursery physician and sent home from the group. Or the agency may require that a physician or a public-health nurse see the child within 24 hours after the placement of the homemaker. In this case, the homemaker would answer the call immediately and give service until the medical or nursing opinion could be obtained. This would permit the mother to go to work without loss of time. The child may be cared for by the family physician or a clinic, or the agency may have a physician or nurse who supervises this phase of the agency's service.

It might be possible to leave the decision as to whether medical supervision is necessary to the parents, in which case the homemaker would carry out the mother's instructions, except in cases where the homemaker and the agency supervisor believe a child's illness is such that they are unwilling to take responsibility for his care without a physician's opinion. In these instances, homemaker service would not be given until a physician had seen the child.

When communicable disease is suspected, the provision of home-

maker service should await the diagnosis of a physician or the decision of the health department. In this case the mother would necessarily be absent from work until diagnosis is established. The regulations of the health department must be followed with regard to the care of the child, the length of the isolation period, other children in the home, whether adults or homemaker can enter and leave the house, whether homemaker has had the disease, whether there are children in the home of the homemaker, and so forth.

**Special provisions for homemaker service providing care for sick children.**—To arrange for the full-time or part-time supervision of this program by a physician or a public-health nurse would undoubtedly be the best plan, if it is possible. If this cannot be done immediately arrangements might be made for the public-health nurse in the district where the home is located to supervise and instruct the homemaker in simple nursing procedures.

Simple procedures in bedside nursing may be included in the training courses for homemakers. Specific instructions should be given to the homemaker with regard to the child under care who becomes acutely ill, such as reporting to the agency, calling a physician, and so forth.

It may be possible to enroll homemakers who are especially interested in caring for sick children or to select those who are especially skilled in handling a sick child.

## PERSONNEL PRACTICES

### Hours of Work

The greater part of homemaker service provided in the past has been for daytime care of children during a comparatively short period of a mother's illness. Increasing recognition has been given to the possibility that many homemakers can return at night to their own homes. Exceptions occur where there are small children and where the father's hours of employment are such that he cannot share responsibility for the care of the children. In communities where men are employed long hours and on changing shifts, it will probably be necessary to increase the number of homemakers available for 24-hour service.

When homemakers are employed on a 24-hour basis, some arrangement should be made to relieve them of their responsibilities for definite

periods. Sometimes this is difficult to arrange, particularly if the father cannot stay with the children or if the family has no relative or friend upon whom it can call. In some instances the social agency may need to provide a substitute homemaker for a definite number of hours each week to relieve the regular homemaker.

The practice with most agencies is for the homemaker to remain in the home for such hours as will fit into the work schedule of the parents. In many instances this will mean a working day of 8 to 10 hours for 5½ or 6 days a week. It is recognized, however, that unless working hours are of reasonable duration it will be difficult to get and keep competent homemakers.

## Wages

The social agency usually pays the salary direct to the homemaker, even though the family contributes its share to the agency. This insures regular payment to the homemaker and also gives her coverage for certain forms of health protection and insurance as an employee of the agency. In individual instances exceptions may be made. A few agencies, in granting economic assistance to a family, may allow a certain amount for the family to use to pay the homemaker. While this practice may have advantages for certain families, it may place the agency in a less strategic position for a cooperative relationship with the homemaker.

The amount paid to homemakers for daytime service varies with local conditions; it ranges from a minimum which is far too low to attract competent people up to \$35 a week.<sup>3</sup> The rate paid for 24-hour service in some cities is lower than that paid for day service because maintenance is included. On the other hand, a few agencies in large urban communities pay more for resident service since more hours of service are given. A few agencies allow extra pay for regularly planned overtime, and some agencies provide for carfare and other incidentals.

Even where the rate of pay for the homemaker is fairly adequate, consideration must be given to the regularity of employment and to whether the yearly wage provides for an adequate standard of living.

<sup>3</sup> The wage rates paid to homemakers by the Children's Aid Society of New York City are as follows:

<i>Six-day week (hours)</i>	<i>Weekly wage</i>	<i>Daily wage</i>
8 .....	\$25	\$4.16⅔
10 .....	30	5.00
24 .....	35	5.83⅓
<i>Seven-day week (hours)</i>		
8 .....	30	4.28⅓
10 .....	35	5.00
24 .....	40	5.71⅓

For the most part agencies pay homemakers only when they are employed, but the tendency either to pay a regular wage or to guarantee a definite number of weeks of employment during the year is increasing. Some agencies pay at least a few of their homemakers a regular salary. Increases in pay are provided either on an individual basis or according to a scale based on length of service and satisfactory performance of duties.

Wages for homemakers should be above the rate of pay for domestic service in the local community, since the homemaker, because of the absence, illness, or employment of the mother, has much more responsibility for the maintenance of the home and the care of the children. An adequate wage is always important and particularly so when there is an increase in employment opportunities for women and when agencies are finding difficulty in obtaining homemakers in sufficient numbers.

## **Sick Leave and Vacations**

Many agencies make provision for sick leave and vacation, particularly after 1 year of service. The time allowed is usually from 1 to 2 weeks with perhaps an extension of time, depending upon individual need or length of service. In addition homemakers are sometimes eligible for hospitalization and sickness or accident insurance under a plan provided by the agency.

## **Records**

The records kept for homemaker service resemble in many ways those kept by child-placing agencies for foster-home care. The record of the family using the service contains, in addition to other case material, detail on special housekeeping aspects, the interrelationship of homemaker and family, and the homemakers who are giving the service. The agency also has a record of the homemaker, which includes the pertinent information that the agency has about her, her relationship to adults and children in specific situations, her various placements, evidence of development or difficulties which she encounters, attitudes toward her work, and any other facts that would be helpful to the agency in evaluating her service. It is helpful to have also a summarized report at stated intervals evaluating her ability as a homemaker and any new data about her. Some agencies make such evaluations at the end of each placement and also at stated intervals, such as once in 6 months or once a year.



Costs

In any consideration of a program for homemaker service the question of costs immediately arises. Statements are made frequently that homemaker service is less expensive than foster-home care or institutional care of children. It is doubtful whether in most instances such comments are based on accurate data. A sounder basis than this to convince the public of the value of homemaker service is to point out what the homemaker can do to preserve family life for children and parents. Studies of the cost of homemaker service are needed, but until standards are somewhat further developed there is danger that dissimilar services will be compared.

No agreement has been reached with regard to the items to be included in studies of cost. Some agencies in giving the amount expended for the service, include only the salaries paid to the homemaker or the tangible items that can be easily estimated. As a rule no attempt has been made to include in the total cost such items as the selection, training, and supervision of homemakers or the case-work service.<sup>4</sup>

FINANCIAL SUPPORT

Homemaker programs have been financed in the past largely through contributions of the community chest supplemented by special funds or by endowments that could be allocated for this purpose. Sometimes public welfare agencies have paid the salary of the homemaker to the private agency maintaining the service when the family was receiving assistance from the public agency. At the present time a number of public agencies maintain homemaker programs from tax funds. Payment is also being made increasingly by families receiving the service,

<sup>4</sup> One large agency, which maintains its homemaker service as a separate department, includes the following items in its figures on the cost of service: administrative overhead, salaries paid to staff members and to homemakers, insurance for homemakers, retirement fund for staff, equipment, and all incidental items. The following figures, supplied by that agency, may be helpful:

Total expense per average family.....	\$191.99
Average cost per week per family.....	42.79
Average cost per week per child.....	10.19
Average cost per day per child.....	1.70
Average homemaker wage per week per family.....	29.82
Average homemaker wage per week per child.....	7.10
Average homemaker wage per day per child.....	1.18
Service on which these figures are based was given to 306 families, including 1262 children—an average of 4.2 children per family. Homemakers are paid on a sliding scale according to the number of children in the family and the kind of service, resident or day.	

although in the past such payments have been small because only families on a marginal or low income were eligible for the service. Special organizations in some cities have contributed funds to start homemaker programs with the understanding that after the demonstration period support would be assumed by the community chest.

## USE OF ADVISORY COMMITTEES

In many cities advisory committees are meeting regularly to consider matters relating to homemaker service. Such a committee may function under the auspices of the agency providing the service or as a special committee of the council of social agencies. Membership includes interested citizens, board members of social agencies, representatives of other professional groups, and social workers. Committees meeting regularly are of great assistance in advising on policies and in explaining the service to the community.

## COMMUNITY PLANNING FOR HOMEMAKER SERVICE

Homemaker service is newer than other social services. No city or community has fully explored the extent to which homemaker service might be used in its welfare program. A plan which would provide carefully selected, trained, and supervised homemakers to families regardless of economic status would do much toward providing good care for children, particularly during the illness of a mother or the illness of a child when the mother is employed. The most effective plan for a community will depend, of course, on local conditions. Community groups concerned with the welfare of children may find it helpful to review local conditions and total child-care needs to determine:

1. The extent to which children are being placed in foster care and separated from their families who could remain in their own homes if a homemaker were available.
2. The extent to which children are receiving inadequate care and supervision in their own homes after the death of a mother or during her illness or employment.

3. The extent to which the shortage of hospital beds and nursing service could be relieved if a mother who is ill could return to her home earlier, provided a competent homemaker was in charge of the home.
4. The extent of absenteeism of a parent or parents because of the illness of a child and the facilities that are available in the community for the care of such children during minor illnesses.

Children in any community are best served if facilities are available to meet a variety of problems and to meet the needs of the individual child. Homemaker service that preserves the child's own home and assures him adequate care is one method of giving practical assistance to families and children.

## APPENDIX

### Case Illustrations of Five Types of Homemaker Service<sup>1</sup>

#### Inclusive Service

**Inclusive service** is the type of homemaker service in which there is a long-time or permanent absence of the mother. The first step is to ascertain that a family needs and desires the continuation of its unity and would benefit by it. The objective is not only the maintenance of the household, but also the routine accomplishment of household tasks with emphasis on the consistent understanding and affectionate relationship essential for the physical and emotional development of the children.

**FAMILY NAME:** SMITH.    **Father:**    James, 37 years.  
                                     **Mother:**    Anne, 36 years.  
                                     **Children:**    Ruth, 14 years.  
   Harold, 12 years.  
   Richard, 7 years.  
   Elsie, 5 years.  
   Dorothy, 3 years.

When Mrs. Smith was sent to a hospital for mental diseases, Mr. Smith was referred by the public relief agency to the private family agency to ask for a

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<sup>1</sup> Three of the case illustrations given here were selected from those submitted for the 1939-40 study project of the Committee on Supervised Homemaker Service; the others were obtained from participating agencies. These are actual cases, each from a different community, but have been changed in some particulars to avoid identification.

homemaker to enable him to keep his family together. In this community, it should be noted, homemaker service is a part of the private family agency.

Mrs. Smith's mental condition was such that she was considered dangerous to others at times. Although there was no definite prognosis from medical authorities, the diagnosis made it seem evident that Mrs. Smith would be away from home for a long time. It was possible that she might not ever respond to treatment sufficiently to be released. Before her illness, Mrs. Smith had been an excellent housekeeper and a good mother, but during the last 18 months had been getting increasingly nervous and irritable. She had become cruel to her family. Finally she got so ill that she could not be trusted with the children. She frightened them by predicting, for instance, that awful things would happen to them if they played with their neighborhood friends. While greatly upset she would try to destroy the furniture. The younger children, when they were first seen, seemed like frightened little animals who scurried out of sight because of their fear. The two older children were being kept home from school to care for the younger ones. All five were intelligent youngsters who badly needed the stabilizing affection and interest of a kind, motherly person.

There seemed to be a real feeling of interest in and devotion to the children on the part of Mr. Smith. He was aware of their various individualities, and was desirous of keeping his family together even though it meant more personal sacrifice for him than the plan to place the children. Mr. Smith's loyalty to the children, his eagerness to plan for them, and his general philosophy of life made it seem, even on short acquaintance, that he would make valuable contributions to the family group that the children would miss if separated from him. Mr. Smith seemed at the time to need to have the responsibility of his sons and daughters and to share their daily experiences for the preservation of his own interest in life. No relative of either of the parents was able to help in planning care for the family.

The Smith family lived in a five-room, rear cottage in a low-rental semi-residential district. The house itself was in poor condition and was only sparsely furnished with worn furniture. Although dilapidated at the time because of lack of care, the cottage was adequate in size and offered possibilities of being made attractive and satisfactory to the family's needs.

Mr. Smith was a factory worker who earned about \$16 per week. The public relief agency supplemented his income with direct relief and allowed Mr. Smith to pay part of the homemaker's wages out of his income. He brought his share to the private agency, which in turn met the balance and paid the homemaker her total wages. The private agency gave all the case-work service, which included supervision of the homemaker.

Although this was the homemaker's first placement with the agency, she had a good understanding of its work and the needs of the families it served. She was referred for this work by her mother, who had worked for the agency for years as a homemaker. The homemaker was about 46 years of age, and a stable, emotionally mature person. She had made a good adjustment to marriage and was happy with her own family. She had a warm personality that attracted children, with whom she was cheerful and affectionate. She was not a dominating nor executive type of person but a rather retiring woman who worked her way into the family circle slowly. The homemaker's previous training had been in the rearing of her own two children. They were 18 and 20 years old at the time and were able to care for the home during their mother's absence.

Because Mr. Smith came home from work as early as 5:30, he and the children could manage without having the homemaker stay at night. She assumed the

responsibilities that would have been carried by the mother had she been in the home. In addition to doing the routine household tasks, the homemaker gave freely to the children of her interest and affection. At the suggestion of the case worker from the private agency the homemaker trained the children in matters of personal hygiene and general good manners, helping the older children to keep on with the home responsibilities they had shown themselves able to carry. To accomplish these duties the homemaker had to be competent and efficient. In addition, she had to be a person who would cooperate with both the agency and Mr. Smith and be alert to the needs of the family. Ruth and Harold had lost interest in their school work, partly because of frequent absences. The homemaker helped each child find a place to keep school books and arranged for Ruth to have a quiet corner in which to do her home work. She showed a friendly interest in all school activities until gradually school became a part of their accepted everyday activities. Ruth was delighted to have the homemaker help her to arrange her hair in the same style as the other girls and to dress as they did. A ping-pong set used on the kitchen table after school provided home entertainment for the children and their friends.

After the homemaker had been working for 3 months in the Smith home, the case worker saw a decided change in the family. The children were less fearful and were responding well. The father, relieved of some of his anxieties, was able to share certain responsibilities with the homemaker, and to assume the added responsibilities necessary for a father who chooses to make a home for his children. The mother did not recover sufficiently to return from the hospital. With the help of the case worker the father and homemaker have continued for 5 years to maintain a home which is satisfactory to the family and to the agency.

### **Interim Service**

**Interim service** is the type of homemaker service in which the objective is the maintenance of the family unit and its routine and pattern during the temporary absence of the mother from the home.

**FAMILY NAME:** Peters.    **Father:**    Adam, 34 years.  
   **Mother:**    Alice, 30 years.  
   **Children:** Patricia, 11 years.  
   George, 9 years.  
   Gloria, 7 years.  
   Rose, 3 years.

Mrs. Peters was acutely worried when the doctors advised her to enter a hospital immediately for an operation. Both she and the children had been quite upset recently because Mr. Peters had been placed in a mental hospital where he would probably have to remain. Mrs. Peters had had a most difficult time with her husband. Her relatives were unsympathetic because they considered that she had made a poor marriage and should not have stayed with her husband as long as she did under the circumstances. Her husband's relatives, previously sympathetic, became antagonistic because of the commitment.

The children were in good health though not husky. They were devoted to one another and dependent upon each other. Gloria, the least robust, seemed most disturbed. She had lost her appetite and did not sleep soundly. The mother was anxious also about the youngest child, Rose, who, during the father's illness and



the family trouble, had been having difficulty in habits of toilet, sleeping, and eating. The family was known to the P. Hospital and the Emergency Relief Bureau. At the time the public relief agency was supporting the family entirely. Both the medical-social worker in the hospital and the public-relief agency worker had found the mother intelligent, cooperative, and adequate for her responsibilities. The simple six-room apartment was suitable for the family. The hospital and the worker from the public relief agency considered that the only alternative to homemaker service was foster care. They felt that the children would be upset by being placed in a strange environment, possibly including separation from each other and attendance at different schools. Likewise the mother would be disturbed by the experience because she had already suffered so much from the father's behavior before his commitment. Under the circumstances a 24-hour homemaker would be required in the home during the mother's hospitalization.

It was agreed that the case would be accepted for homemaker service and that the case worker from the agency giving this service would assume responsibility for the supervision of the homemaker in the family, for case-work service to members of the family during the whole period of care, and for the necessary reports to the medical-social worker and the worker from the public relief agency. In this community, it should be noted, homemaker service is part of a private children's agency. The supervisor of the service is a case worker who supervises the homemaker directly and integrates that service into the case-work plan.

The mother and children were seen by the case worker in their home. During the interview homemaker service was explained to them. The mother was told about the method of selecting a homemaker and how the homemaker would manage the household, and the worker and the mother discussed the problems of the different children. It was then agreed that homemaker service would be given and would be supervised by the worker from the agency giving the service. The public relief agency agreed to continue its financial responsibility by paying the operating expenses of the home during the mother's hospitalization, its long-range planning for the family, and its interpretation of the situation to the relatives. The medical-social worker from P. Hospital, where all members of the family were known, accepted responsibility for the health program of mother and children, including arrangements for convalescent care for the mother. The supervisor of the homemaker service was to coordinate all of the above activities. To be in a position to cope with problems revolving around the homemaker in the home, to point up and to interpret observations to the homemaker and other workers, the agency agreed to assume financial responsibility for the salary of the homemaker.

A homemaker was available who had been on the agency staff for 6 years. She had had previous experience in practical nursing and she had supported her own two children when left a widow. It was planned that the homemaker would arrive 2 days before the mother was to enter the hospital in order that the whole family might become acquainted with her at the same time. In this situation it was necessary for the homemaker to stay at night because the children were too young to be left alone.

The homemaker understood the children and was sympathetic to the mother in her difficulties. The supervisor went regularly each week to the home to give help with any questions regarding the care of the children or their relationships to each other or to the homemaker. It was found that the children had been frightened by the behavior of their father before he was removed from the home. From their mother's worried attitude they had sensed that something was not quite right and they had become a "closed corporation." Any expression of opinion

from the three older children invariably began, "We think \* \* \*." The 3-year-old child, Rose, had been shut out from their activities because she was so much younger.

Because of their physical condition these children needed rest and quiet rather than too much activity. It was necessary to keep them from being overstimulated and it was important to capitalize on group feeling. Through the combined efforts of the supervisor and the homemaker, Patricia was encouraged to go to the library for books and magazines suitable for each child and some especially interesting ones that the other children could read aloud to Rose. This was to further their interest in her and to bring about a desire on their part to include her in their activities. To dispel their fears that "something pretty bad" had happened to their mother and that she might not return from the hospital and also as a "quiet" project, the supervisor and homemaker had the children prepare letters for their mother, which including writing, printing, and pasting of pictures according to the ability of each child. Through the children's magazines that they brought from the library the children got ideas for handwork. The magazine articles showed them how to make several articles suitable for their mother and with these presents they planned to surprise her upon her return.

The homemaker started her work in the home before Mrs. Peters went to the hospital. While the mother was in the hospital the supervisor kept her informed about the children and the home. Mrs. Peters was away from home 3 weeks for necessary medical care and experienced a minimum amount of worry. The children liked the homemaker, calling her "Aunt Frances." When the mother returned home she was able to direct household affairs so that it was possible for the homemaker to give less assistance in the home and to stay at her own home at night. The homemaker helped, however, by doing laundry, cleaning, and other types of heavy work that the mother could not yet assume.

### **Exploratory Service**

Exploratory service is the type of homemaker service in a motherless family in which the purpose is to provide care for the children in their own home while the family and the case worker together decide upon a suitable plan for the family.

FAMILY NAME: Shaw. Father: William, 31 years.

Children: Daniel, 4½ years.

Arthur, 2 years.

Mr. Shaw came to the private family agency for the first time on the day after his wife's death. At first he attempted to maintain a calm exterior, stating that the only solution he could think of in his dilemma was placement of the children. Later he revealed his extremely distraught condition. The family had been in difficult circumstances for some time, he revealed. For the past 4 years Mr. Shaw had been either totally unemployed or earning submarginal wages on which the family had managed without requesting help. Living standards had inevitably been low, but there was sufficient equipment to operate a home.

When questioned as to why he felt he must place his two sons, Mr. Shaw gave as reasons financial need and a desire for the children to have proper care. The case worker explained that it would take time to find a proper home. During

this period a homemaker might be provided. Although Mr. Shaw asked for placement because of financial pressure and the children's need for care, it was not clear whether he had other reasons in requesting placement, that is, a desire to shift responsibility for the children to an agency. It could not be decided at this time whether Mr. Shaw could keep the children at home without his wife, as several factors had to be considered. Was he sufficiently fond of them to take on this added responsibility? Would a foster home be better for the children? What would it mean to Mr. Shaw to keep his family together? If some of the financial pressures were removed and the right type of homemaker placed in the home, how would that affect the children and his plans?

The case worker discussed with Mr. Shaw the possibility of supplementing his earnings to meet essential needs and of having a homemaker live in the home, assume the household duties, and share in the care of the children. Mr. Shaw considered this and decided he would try it. A 3-month trial period was agreed upon. This would give an opportunity for Mr. Shaw and the agency to explore the comparative values of maintaining the home or placing the children.

The homemaker selected by the agency was a motherly, calm, understanding person with experience in handling young children. She was told of Mr. Shaw's indecision about a plan for the care of the children and his need for some experience in keeping the home without his wife. She accepted her part of assisting the case worker to understand the father, the children, and their relationships to each other, a basic necessity in making an ultimate plan for the children.

Through frequent talks with the homemaker the case worker learned that the children lacked training in eating, sleeping, bathing, and toilet habits. Daniel was fearful, destructive, and unable to play with other children. Mrs. Shaw's poor physical condition and her nervousness during a period before her death, as well as many difficulties experienced by the family were reflected in the children's present behavior. They had lacked consistent and affectionate handling. From a physical examination the case worker learned, however, that the children's health was good.

Both the children and Mr. Shaw immediately "took to" the homemaker. The father praised her cooking, economy, household management, and care of the children. The children responded to her firm, yet calm and kindly handling. It was necessary for the case worker to point out frequently to the homemaker that change could only come about slowly. The homemaker discovered, after a period of quiet handling of the children, that Daniel knew some of the rudiments of his schedule of care. When the homemaker would ask where something was kept or what came next he could really be of help in telling her. In assuming this much responsibility he made fewer objections to following some of the necessary routine himself and began to gain some satisfaction by "helping" Arthur. As various problems arose the possible reasons were discussed by case worker and homemaker. The homemaker was able to grasp the implications and the type of handling to be used to meet the difficulty. Gradually a recognizable change began to be evident in the children. Bathing was no longer something to be avoided but a game. Although eating habits were still far from perfect, they showed definite progress. Arthur's toilet habits began to improve and he showed pride in his achievement. Daniel was no longer enuretic. The children went to bed earlier at night and went to sleep more readily. Daniel seemed friendlier, happier, and played better with other children.

Mr. Shaw seemed to have a real interest in the home and was anxious to fix it up. He apparently had a great deal of affection for the children, although he lacked knowledge of how to handle them. He was indulgent with them and found



it very difficult to say, "No," to their unreasonable requests. Financial issues were discussed. Gradually, as conferences with the case worker continued, Mr. Shaw gained enough confidence to talk about his other difficulties. At first he did not know why he was overindulgent with the children. He revealed the fact that he blamed himself for his wife's death because he had earned such a meager living and she had become so malnourished. Later he was able to recognize that he had been trying to make up to the children for the deprivations he and his wife had suffered. As Mr. Shaw began to realize what was happening he made an effort to find other ways of handling the children. After 2 months of service, Mr. Shaw decided that he did not want to place his children. He realized that his request for their placement had been impulsive. His extremely disturbed feelings at the death of his wife had made it impossible for him to think clearly. With the formulation of a more permanent plan, exploratory service was completed, although in this example of this type of service the homemaker did continue working in the home on an inclusive-service basis.

### Supplementary Service

Supplementary service is the type of homemaker service in which the mother is in the home and is able to be responsible for the household and to maintain her natural role as mother, but is physically unable to perform household tasks.

FAMILY NAME: Brown. Father: John, 39 years (parents are  
Mother: Mary, 37 years separated.)  
Children: John, 16 years.  
Tom, 15 years.  
Daniel, 13 years.  
Marie, 10 years.  
Richard, 9 years.  
Henry, 6 years.

After a period of hospitalization for knee surgery, Mrs. Brown returned to her home and at the same time four of the children, who had been placed during her illness, returned to be with her. The doctor advised Mrs. Brown not to attempt much housework for at least a year. He recommended that she restrict her work to what she could do sitting and that she avoid exerting herself even to the extent of making beds. Mrs. Brown was eager to keep the family together and the children's agency agreed that this was the best plan. The agency also agreed with her in wanting the other two children to return. Mrs. Brown was a capable, intelligent person. The children were well-behaved youngsters, reflecting good training. If it had not been for Mrs. Brown's physical handicap the family could have managed successfully on their own responsibility.

The mother was discouraged when she heard the doctor's recommendations. The nurse and the case worker recognized the need for keeping up Mrs. Brown's spirit in order to effect a good recovery and, acting on this recognition, applied for homemaker service. In this community, it should be noted, homemaker service is given by an agency whose entire function is this type of service.

Although the family was eager to have the service and there were no outstanding obstacles to the plan, certain factors had to be kept in mind by the homemaker. It was apparent that the mother might become depressed by a long convalescence. Three of the boys, teen-age, required special understanding and tolerance. The one girl could not be expected to help out of all proportion to the

boys just because she was a girl. Mrs. Brown was able to assume the responsibility for managing the children and the household and it was important that she and the children recognize this natural relationship, not only during week ends when they managed without outside help but during the week when the homemaker was there.

Great skill is necessary in choosing a homemaker who is energetic enough to do a great deal of hard work, who is economical enough to help manage a low income so as to cover the needs of a large family, but who, at the same time, can accept the fact that the mother must be the head of the family. The homemaker must be willing to fit into the mother's routine and discipline.

This supplementary service is designed to assist the mother who is unable to perform her various household duties. As a year's inactivity had been recommended by Mrs. Brown's doctor, the service, in this instance, would continue for that period.

The income of the family was derived from payments through court by the father and from renting two rooms in the home. The family was able to pay part of the salary of the homemaker and sent this money to the agency responsible for the service. The agency paid its staff homemaker directly, supplementing the balance of the full amount. Because homemaker service was the major need in this family situation, all responsibility was assumed by the agency offering this service. The case worker went to the Brown home frequently in order to help the family utilize the service most effectively.

The homemaker selected was a person who could be depended upon to take hold of the job at once and also to work well under the direction of a mother in a household. Consideration was given to the fact that the homemaker's own house was immaculately clean and tidy as well as to the fact that the homemaker had worked well in previous situations in which it was important that she should not assume too much responsibility. Her appearance was attractive. She was young. She was sympathetically interested in the situation and seemed eager to be placed with the family. The homemaker went in for 3 half-days and 2 whole days each week. Her specific duties in cooperation with the mother and children were cleaning, cooking, laundering, and shopping. Because in this family situation the homemaker was assisting the mother rather than substituting for her, it was important that the children should not feel that maid service was being provided and that they had no obligations at home. The case worker initiated schemes which caught the interest of the entire group of six youngsters. Although the children did not plan the meals in detail, each child had 1 day in the week when he could choose some of his favorite dishes. The three older children made a game of learning to take inventory preparatory to marketing and then took turns in going with the homemaker to do the actual buying. A game was made also of preparing for cleaning, laundry work, and other household duties as the youngsters were taught to pick up, tidy up, put away articles, and to air beds before making them up with clean linen. The homemaker fitted in with these plans gladly because it helped her a great deal in accomplishing all she was supposed to accomplish on a part-time schedule.

The homemaker seemed to fit into the family circle with little difficulty. When the children first returned from the foster home they needed a calm, orderly environment to help them adjust once more to their home, their school, and their neighborhood. The mother was also adjusting to a different routine and was restless because of her enforced inactivity. Because all these factors were recognized and planned for instead of merely arranging to have the necessary housework done, the entire family did remarkably well during this difficult time.

## Auxiliary Care

(Two case illustrations)

**Auxiliary care** is service given to the family during the hours of employment of the mother. In such a situation the primary responsibility for the maintenance of the home and the care of the children remains with the mother. The homemaker works under her direction with such guidance from the social agency as is required by the mother or the homemaker.

FAMILY NAME: Malone. Father: Barry, 28 years.  
Mother: Rose Marie, 26 years.  
Children: Robert, 5 years.  
Mary Anne, 3 years.  
Barry, 1 year.

Mrs. Malone was referred to homemaker service by the Army Emergency Relief Agency when she appealed to them for advice and assistance. Mr. Malone was in the Army and his allotment had not yet come through. Arrangements had been made with Mrs. Malone's sister to care for the children while Mrs. Malone trained for a defense job. She completed her training and had been on a defense job not far from her home for the past 2 weeks. She was earning \$28 weekly with an opportunity for immediate advancement. Everything was working satisfactorily when her sister became ill and entered the hospital for an emergency appendectomy. Mrs. Malone had to remain at home to care for the children. She applied to day nurseries and was told that there were waiting lists. In addition, no nursery could accommodate the baby.

Mrs. Malone had to work to pay her family expenses. She had been reporting to the job in order not to lose her rating. An immediate appointment was made for Mrs. Malone to discuss homemaker service with the case worker. Mrs. Malone's hours of work, as well as plans for the care of her three children, were talked over carefully. She revealed herself to be keenly aware of the differing personalities of the children. Robert was very mischievous and behaved very badly if told abruptly not to do a thing. Mary Anne was apt to follow Robert in his mischief making. They loved to be read to and enjoyed acting out the stories. Barry had been quite ill and had a special medicine and routine. The worker felt that Mrs. Malone had been thoughtful about the children's care and that her husband had entered service after they both agreed that he should and had arranged for the care of the home and children.

The hours for the homemaker were settled, and it was agreed service would start the following morning in time for Mrs. Malone to report to her job. Mrs. Malone was told that the homemaker had been a kindergarten teacher who had a baby's nursing certificate. The homemaker was called by telephone while Mrs. Malone was at the office and reported to the Malone home as scheduled. The worker called upon her that day. Service was given in the home for a 4-week period during the hours the mother worked. At the end of that time, Mrs. Malone's sister returned to the home and both Mrs. Malone and she agreed they could manage.

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FAMILY NAME: Plant. Father: Richard, 36 years.  
Mother: Jane, 32 years.  
Children: Richard, 8 years.  
Lawrence, 6 years.  
Benjamin, 4 years.

Mrs. Plant worked on a night shift in a defense industry as a specialized shipper. Mr. Plant worked during the day as a truck driver for the same firm. The two older children attended school and Benjamin was attending a day nursery. Benjamin had had a heavy cold and could not be admitted to the group until the cold was cleared.

Mr. and Mrs. Plant had made very careful plans for the children. The mother got home from work in time to get the children up and ready for school. Then she rested and did her share of the housework and was ready to spend the evening with her children and husband. Since Benjamin had been at home ill, the mother had been unable to get enough rest to do justice to her job or to the child. The doctor and nursery visitor felt that she was becoming overtired and that the child's condition was not clearing as rapidly as it should.

A case worker of the homemaker service called upon Mrs. Plant and explained the service. Due consideration was given to the family's ability to contribute to the cost of the homemaker. A homemaker who had worked closely with nursery schools in other situations was assigned to the family, and her work was confined to the care of Benjamin during the mother's rest hours. The service covered a 12-day period and was paid for in full by the family.

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